

EXHIBIT A

Form 990Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax****Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)**

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2011**Open to Public Inspection****A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011****B Check if applicable** Address change Name change Initial return Terminated Amended return Application pending**C Name of organization**
AMERICAN BOARD OF MEDICAL SPECIALTIES**D Doing Business As****E Number and street (or P O box if mail is not delivered to street address)** 222 NORTH LASALLE STREET NO 1500
F Room/suite**G City or town, state or country, and ZIP + 4**
CHICAGO, IL 60601**H Name and address of principal officer**
LOIS MARGARET NORA MD J
222 NORTH LASALLE STREET NO 1500
CHICAGO, IL 60601**D Employer identification number**

41-0847713

E Telephone number

(312) 436-2600

F Gross receipts \$ 14,822,032**I Tax-exempt status** 501(c)(3) 501(c) (6) ► (insert no) 4947(a)(1) or 527**J Website:** ► WWW ABMS.ORG**H(a) Is this a group return for affiliates?** Yes No**H(b) Are all affiliates included?** Yes No

If "No," attach a list (see instructions)

H(c) Group exemption number ►**K Form of organization** Corporation Trust Association Other ►**L Year of formation** 1935**M State of legal domicile** IL**Part I Summary****1 Briefly describe the organization's mission or most significant activities**

THE MISSION OF ABMS IS TO MAINTAIN AND IMPROVE THE QUALITY OF MEDICAL CARE BY ASSISTING THE MEMBER BOARDS IN THEIR EFFORTS TO DEVELOP AND UTILIZE PROFESSIONAL AND EDUCATIONAL STANDARDS FOR THE CERTIFICATION OF PHYSICIAN SPECIALISTS IN THE UNITED STATES AND INTERNATIONALLY

2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets**3 Number of voting members of the governing body (Part VI, line 1a)**

3 31

4 Number of independent voting members of the governing body (Part VI, line 1b)

4 30

5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)

5 50

6 Total number of volunteers (estimate if necessary)

6 170

7a Total unrelated business revenue from Part VIII, column (C), line 12

7a 0

b Net unrelated business taxable income from Form 990-T, line 34

7b 0

		Prior Year	Current Year
		0	0
8	Contributions and grants (Part VIII, line 1h)	9,386,840	13,065,364
9	Program service revenue (Part VIII, line 2g)	213,031	224,326
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	32,421	21,197
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,632,292	13,310,887
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		

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		Beginning of Current Year	End of Year
		13,558,402	16,138,898
20	Total assets (Part X, line 16)	2,971,349	4,233,103
21	Total liabilities (Part X, line 26)	10,587,053	11,905,795
22	Net assets or fund balances Subtract line 21 from line 20		

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	***** Signature of officer	2012-08-28
	LOIS MARGARET NORA MD JD MBA PRESIDENT & CEO Type or print name and title	Date

Paid Preparer's Use Only	Preparer's signature LU ANN TRAPP	Date 2012-08-28	Check if self-employed ► <input type="checkbox"/>	Preparer's taxpayer identification number (see instructions) P01506476
	Firm's name (or yours if self-employed), address, and ZIP + 4 PLANTE & MORAN PLLC 10 S RIVERSIDE PLAZA 9TH FLOOR CHICAGO, IL 60606		EIN ► 38-1357951	Phone no ► (312) 207-1040

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►10

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3 Yes	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4 Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	No

Section B. Independent Contractors

- 1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
SILLS CUMMINS & GROSS INC ONE RIVERFRONT PLAZA NEWARK, NJ 071055400	LEGAL	648,000
HURON CONSULTING GROUP 4795 PAYSPHERE CIRCLE CHICAGO, IL 60674	MANAGEMENT CONSULTING	633,530
CFAR INC 1600 JOHN F KENNEDY BLVD SUITE 60 PHILADELPHIA, PA 19103	MANAGEMENT CONSULTING	249,294
JOHNSON & BELL 33 W MONROE SUITE 2700 CHICAGO, IL 60603	LEGAL	165,517
ARNSTEIN & LEHR 120 S RIVERSIDE PLAZA CHICAGO, IL 60606	LEGAL	125,534
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 8		